

REPORTS INVENTORY						CONTROL NO. DDS/OL/PMS-2	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (if a fill-in report include Form No.) #2 - Not Returned by Contractor						2. TYPE OF REPORT	
						<input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		<input type="checkbox"/> PERSONNEL <input checked="" type="checkbox"/> LOGISTICS <input type="checkbox"/> MEDICAL		<input type="checkbox"/> TRAINING <input type="checkbox"/> SECURITY <input type="checkbox"/> FINANCE		ADMIN. GENERAL OTHER (specify)	
4. NO. OF COPIES PREPARED 2		5. FREQUENCY (weekly, monthly, quarterly, etc.) twice monthly		6. DISTRIBUTION (No. of components not number of copies) 10			
7. FORMAT (memorandum, form computer print-out, etc.) computer print-out		8. ADP PROCESSING <input checked="" type="checkbox"/> YES IF YES GIVE ADP PROCESSING NO. <input type="checkbox"/> NO 24205		9. DIRECTIVE AUTHORITY REQUIRING REPORT see 13			
10. PREPARING COMPONENT (include lowest level contributing information to report) OCS - PD/CAS, CSS, R&D, ICS, GP; <input type="checkbox"/> DD/P/CMG; DD/S&T/ OEL, ORD; DD/I/NPIC		11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)					
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED	=	COST PER YEAR
DISTRIBUTION ONLY: 9	5.38	.25	=	1.34	24	=	32.16
B. COSTS OF COMPUTER PRODUCED REPORTS							
	no.pgs 35	no.cys 2		per pg .03	24		50.40
TOTAL COSTS PER YEAR						82.56	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. D/L memo dated 22 Nov 1967 to D/OCS							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						<input type="checkbox"/> OTHER (explain) MAN-HOURS DOLLARS	
16. DATE OF INVENTORY 8 Oct. 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION Procurement Assistant				18. EXTENSION STAT	